



Attendance, Cancellation & No-Show Policy

Scheduling & Therapist Availability

Optimal Rehabilitation & Wellness will make every effort to schedule you with your assigned or preferred therapist(s). However, therapist schedules, availability, patient needs, and staffing may occasionally require you to see another qualified therapist. If an appointment must be rescheduled, we cannot guarantee that the rescheduled appointment will be with your originally assigned therapist.

Attendance Policy

Consistent attendance is an important part of your treatment plan and helps you achieve the best possible outcome. When an appointment is missed or canceled without adequate notice, that appointment time cannot always be offered to another patient who needs care. Patients are expected to attend their scheduled appointments or provide **24 hours notice** when an appointment must be canceled or rescheduled.

Cancellation & No-Show Fee

A **\$30.00 fee** may be charged for:

- A missed appointment without notice ("No-Show"), or
- An appointment canceled or rescheduled with **less than 24 hours notice**.

This fee is the responsibility of the patient/parent/guardian and **is not covered by insurance**.

We understand that emergencies and unexpected circumstances may occur. Individual circumstances may be reviewed by management when appropriate.

Continued Attendance

Frequent, repeated, or excessive missed appointments may interfere with progress toward treatment goals and the ability of the clinic to provide consistent care. Optimal Rehabilitation & Wellness reserves the right to review the patient's scheduling needs, treatment frequency, and continued participation in therapy when attendance becomes a concern. If you are having difficulty attending your scheduled appointments, please speak with our office staff or your therapist so we can discuss available scheduling options.

Patient/Parent/Guardian Acknowledgment

By signing below, I acknowledge that I have read and understand the **Optimal Rehabilitation & Wellness Attendance, Cancellation & No-Show Policy**. I understand the 24-hour cancellation requirement, the potential \$30.00 fee for missed or late-canceled appointments, and that repeated attendance issues may result in discharge from therapy services.

Patient Name (Print): _____ Date: _____

Patient/Parent/Guardian Signature: _____ Relationship: _____